

Probationary Instructor Application

APPLICANT INFORMATION:

Social Sec. No.* - -	Driver Lic. No.	D.O.B.	
Last Name		First Name	MI
Address (No P.O. Boxes - UPS will not deliver)		County of Residence	
City		State	Zip
Home Phone ()	Bus. Phone ()	Fax No. ()	
Pager No. ()	E-Mail		
Fire Dept. Name			FDID

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

EDUCATION: (please check highest level completed)

☐ Some High School ☐ High School Diploma ☐ GED ☐ Some College ☐ Associates Degree ☐ Bachelor or higher

TRAINING PREREQUISITES:

Attach copies of the following certificates:

- | | |
|---|---|
| <input type="checkbox"/> Education Methodology or approved equivalent | <input type="checkbox"/> FF-I or old Phases I & II (to instruct FF-I) |
| <input type="checkbox"/> Instructor Orientation - IFSTA | <input type="checkbox"/> FF-I & II or old Phases I-IV (to instruct FF-I & II) |

FIRE SUPPRESSION EXPERIENCE: (Minimum 3 years required, list most recent experience first)

Fire Department Name	FDID No.	From Month/Year	To Month/Year

APPLICANT'S SIGNATURE:

By my signature, I certify that the information provided is true and accurate to the best of my knowledge. I authorize the release of all criminal history information that pertains to this application.

Applicant's Signature	Date
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SPONSOR:

Check appropriate box: ☐ Applicant's Fire Chief ☐ CTC Representative ☐ MFFTC Training Coordinator

I certify that I have reviewed the information provided and attest that it is true and accurate to the best of my knowledge.

Sponsor's Name Printed:	Phone No. ()
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Sponsor's Signature	Date
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MAIL TO: (Region Supervisor must receive white and yellow copies of application 30 days prior to next MFFTC meeting)

REGION #1	REGION #2	REGION #3
Region Supervisor MI Fire Fighters Training Council 1504 W. Washington St., Suite A Marquette, MI 49855 Phone 888.879.6459	Region Supervisor MI Fire Fighters Training Council 588 3 Mile Rd. NW Grand Rapids, MI 49544 Phone 877.475.0844	Region Supervisor MI Fire Fighters Training Council 411B East Genesee Saginaw, MI 48607 Phone 888.879.6458

FOR MFFTC USE ONLY

FF-I:	FF-II:	Ed. Meth:	10-IFSTA:	No. Yrs.:	Reg. Supv. Initial.	Date.
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White - MFFTC Lansing

Yellow - Region Supervisor

Pink - Retained by Applicant